

Registration/Sign Up for Teachers

Teacher: _____

School District: _____

Address: _____

Telephone: _____

E-mail: _____

Number of DHH Students:

K-2nd grade _____ 3rd-5th grade _____

7th-8th grade _____ 9th-12th grade _____

- ☐ I prefer to match my students up peer to peer (with a student of similar age)
☐ I prefer to match my students up with mentors/mentees (with either an older or younger student)

I understand that completion of this registration form indicates a commitment to participate in this program. I will ensure that my child will complete each activity and return it to Distant Pals by the due date. I commit to monitor appropriate correspondence in maintaining a healthy and positive relationship between students. I am aware that any individual student that abuses this program may lose their Distant Pal privileges. I am aware that it is my responsibility to inform the students of the rules of participation in this program (see other side).

Teacher Signature

Date

*Return form to: Stefanie Kessen
364 Grand Ave., Wausau, WI 54403*

Registration/Sign Up for Parents

Parent Name: _____

Student's name: _____

School District: _____

Home Address: _____

Telephone: _____

Parent e-mail: _____

Student e-mail: _____

Age of student: _____ ☐ male ☐ female

Communication mode: ☐ oral ☐ sign ☐ both

- ☐ I prefer to match my child up peer to peer (with a student of similar age)
☐ I prefer to match my child up with a mentor/mentee (either older or younger student)

I understand that completion of this registration form indicates a commitment to participate in this program. I will ensure that my child will complete each activity and return it to Distant Pals by the due date. I commit to monitor appropriate correspondence in maintaining a healthy and positive relationship between children. I am aware that any individual child that abuses this program may lose their Distant Pal privileges. I am aware that it is my responsibility to inform my child of the rules of participation in this program (see other side).

Parent Signature

Date

Child Signature

Date

*Return form to: Laurie Nelson, 4th Floor
125 S. Webster St, Madison, WI 53707*

DISTANT PALS PROGRAM



Sponsored by
Wisconsin Families for
Hands & Voices
and
WESPDHH Outreach

For more information,

Parent Contact
Laurie Nelson
608-266-6438

Teacher Contact
Stefanie Kessen
715-261-7717



How does the Distant Pals Program work?

Six times per year, an activity will be mailed out to each participant of Distant Pals. The deaf or hard of hearing student will be required to complete this activity within two weeks. Activities will include writing a letter and may also involved making a scrap book page, creating a care package, writing a special story, making a puzzle, etc.

When the activity is completed, it will be mailed to Distant Pals.

Children and schools who consistently participate in Distant Pals will receive special prizes. Individual children and/or schools can participate in this program.

What kind of commitment is required?

Distant Pals requires the completion of each of the activities, six times a year. These activities may require additional help from the child's parent or teacher. Once an activity is received, each participant will have 2 weeks to complete the activity and mail it back. This program is **free of charge**.

What are the goals of the Distant Pals Program

The Distant Pals Program connects children who are deaf and hard of hearing throughout the state of Wisconsin and provides them with peer relationships and healthy role models. The Distant Pals Program Goals include:

- To encourage safe, healthy and positive relationships between children who are deaf and hard of hearing
- To support literacy skills through letter writing and organized activities
- To cultivate peer to peer relationships and mentor/mentee relationships and encourage appropriate social skills through these interactions.

How is a family's privacy ensured?

Personal addresses WILL NOT be given out. All letters and activities for individual participants will go through Wisconsin Families for Hands & Voices. All letters and activities for classroom participants will go through WESPDHH Outreach. This allows personal information about each child and family to remain private.


Rules for Participation


I will be a good role model.

 I will use positive language.

 I will talk about positive things.


I will be a good friend.

 I will send my letters/projects by the due date.

 I will always be respectful of myself and of my Distant Pal.

I will keep my address confidential.

 I will not give out my personal address.

 I will not ask for my Distant Pal's address.

For More Information, contact:

Laurie Nelson
Parent Liaison
laurie.nelson@wesp-dhh.wi.gov
Stefanie Kessen
Diagnostic Specialist,
stefanie.kessen@wesp-dhh.wi.gov
www.wesp-dhh.wi.gov